LZ0000214284

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Dagward Musekan)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

Division of Cor	rporations			
SUBJECT:	Margaret M	and E Services ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Kiara Margaret 710 We	Firm/Company		
	Dela	nd FL 32720	l	
	E-mail address: (t	City/State and Zip Code O S O O Mail o be used for future annual report notific	cation)	2021 JULI 1 1
For further information c	oncerning this matter, please ca	dl:		
Klara D Name o	ONIS - MPCUSKI	at (72) 641-1 Area Code Daytime	206 Telephone Number	H PH 2: 32
Enclosed is a check for the	he following amount:		,,	2
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	acle Services uny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000214284</u>		OLO and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the	name of the new registered
Name of New Registered Agent:	NIA	
New Registered Office Address:	Enter Florida street address	<u> </u>
	. Florid:	- 1 (i) 1 >
	City , Florid:	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MAR	Kendra Gillislee	710 W. Mansfield street	_ √ Add
		DeLand FL, 32720	_ □Remove
	,		_ 🗆 Change
AMBR	Kiara Davis-Melastill	710 w Mansfield street	□Add
		Devend Fh. 32720	_ □Remove
			_ M Change
			_ □Add
			□Remove
			_ □Change
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